

# Government Claim Booklet

Includes Instructions and Claim Form



State of California  
Board of Control

Government Claims Program

**Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.**

## Section 1 Claimant Information

Provide the full name, mailing address, and telephone number of the person(s) claiming damage/injury. (Note: All official Board notices and other correspondence will be sent to the person(s) listed in this section unless a representative's name is provided in Section 5.) If the claim is being filed on behalf of a minor, specify your relationship to the minor, and the date of birth of the minor.

## Section 2 Claim Information

- Provide the name of the State agency(ies) that allegedly caused the damage/injury.
- State the exact date of the incident which caused the alleged damage/injury.
- Enter the total dollar amount being claimed as a result of the alleged damage/injury. If damage/injury is continued or anticipated in the future, indicate with a "+" following the dollar amount.
- If the total dollar amount exceeds \$10,000, indicate whether the claim is a limited civil case or a non-limited civil case. A limited civil case is a claim in which the amount claimed totals less than \$25,000. A non-limited civil case is a claim in which the amount claimed exceeds \$25,000.
- Provide a breakdown of how the total amount being claimed was computed. You may declare expenses incurred and/or future, anticipated expenses. Attach three copies of all bills, payment receipts, and cost estimates to your claim.
- Describe in full detail the damage/injury that allegedly resulted from the incident.
- If applicable, provide the street address, city, county, State highways, road numbers, or post mile markers where the alleged damage/injury occurred. If the claim is scheduled for a Board hearing, and an appearance is necessary, indicate the preferred hearing location.
- Describe in full detail the circumstances that led up to the alleged damage/injury. State all facts that support your claim and why you believe the State is responsible. If known, provide the name(s) of the state agency(ies) and/or the name(s) of the state employee(s) who allegedly caused the injury, damage, or loss.

## Section 3 Insurance Information

This section must be completed if your claim involves a motor vehicle. Indicate if a claim for the alleged damage/injury has been filed with your insurance carrier. If yes, provide the name, telephone number, and mailing address of the insurance carrier. Also include your policy number and the amount of the deductible.

## Section 4 State Agency Information (FOR STATE AGENCY USE ONLY)

If the claim is presented by a State agency, it is imperative that the State agency provide complete and accurate funding information in the event that the claim is approved for payment. In particular, the State agency must provide the Budget Act Appropriation or Item Number and the appropriate Schedule if applicable. Include the name, title, CALNET telephone number, and signature of the agency budget officer or representative authorized to approve payment of the claim.

## Section 5 Representative Information

If your claim is being filed by an attorney or authorized representative, provide the name, telephone number, and mailing address of the attorney/representative. (Note: If representative information is provided, all official Board notices or other correspondence will be sent to the person listed in this section.)

## Section 6 Notice and Signature

The claim form must be signed by the claimant or the claimant's attorney or authorized representative. The Board will not accept the claim without a proper original signature.

## Filing a late claim application:

Under State law, claims relating to causes of action for death or for injury to person or personal property or growing crops (tort claims) must be presented to the Board no later than six months after the date of the incident. Tort claims relating to any other causes of action must be presented no later than one year after the incident date. Claimants are encouraged to consult with an attorney to determine if there are exceptions for your claim. Equity claims have no statutory claim filing deadlines. Please note that evidence of "presentation" includes a clear postmark date on an envelope or a certification of personal service.

When filing a tort claim (required to be presented no later than six months as specified above) beyond the six-month period, you must explain the reason for delay in filing the claim. This explanation is called an "application for leave to present a late claim". (See Government Code Section 911.6 for legally acceptable reasons for filing a late claim.) In considering your late claim application, the Board will first decide whether the late claim application should be accepted or denied. The Board will consider the merits of the claim only if the late claim application is granted.

## Claim Submittals:

A complete claim form and/or late claim application and related documentation must be filed with the Board at the mailing address indicated on the reverse side of the claim form. Claims may also be personally delivered to the Board at 630 K Street, Sacramento, CA during regular business hours (8:00 a.m. to 5:00 p.m.), Monday through Friday except holidays.

Submit the original and three copies of the completed claim form and/or late claim application and related documentation to the Board.

Requests for an endorsed copy of the claim and/or late claim application must be submitted in writing along with a self-addressed stamped envelope.

If you have questions regarding the filing of a claim with the Board, please contact the Government Claims Program at 916-323-3564, or toll free at 1-800-955-0045.

**SBOC-GC-0002 (Rev. 6/00)**

If you are filing this claim beyond six months from the incident date, please see instructions for filing a late claim application on the opposite page.

**G** \_\_\_\_\_

## Name of Claimant

Telephone Number (include area code)  
( )

## Mailing Address

City

## State

Zip Code

Is the claim filed on behalf of a minor? ☐ Yes ☒ No If yes, please indicate: Relationship to the minor \_\_\_\_\_ Date of birth of the minor \_\_\_\_\_

Name of State Agency against which this claim is filed	Incident Date Month      Day      Yr.	Dollar Amount of Claim
If the amount exceeds \$10,000, indicate type of civil case: <input type="checkbox"/> Limited Civil Case <input type="checkbox"/> Non-Limited Civil Case	Explain how the dollar amount claimed was computed. (Attach three copies of the supporting documentation for the amount claimed with this form.)	
Describe the specific damage or injury incurred as a result of the incident.		
	Location of the incident (If applicable, include street address, city or county, highway number, post mile number and direction of travel.)	
	Preferred Hearing Location (If an appearance is necessary):	
	<input type="checkbox"/> Sacramento <input type="checkbox"/> Los Angeles <input type="checkbox"/> Oakland <input type="checkbox"/> San Diego	

Explain the circumstances that led to the alleged damage or injury. State all facts that support your claim against the State of California, and why you believe the State is responsible for the alleged damage, or injury. If known, provide the name(s) of the State employee(s) who allegedly caused the injury, damage or loss. (If more space is needed, please attach additional sheets.)

[illegible]

State of California  
Board of Control  
**GOVERNMENT CLAIM**

SBOC-GC-0002 (Rev. 6/00) Reverse

Submit completed claim form and three copies to:  
**STATE BOARD OF CONTROL**  
**GOVERNMENT CLAIMS BRANCH**  
P.O. Box 3035  
Sacramento, CA 95812-3035

**Section 3: Insurance Information** (must be completed if claim involves a motor vehicle)

Has the claim for the alleged damage/injury been filed or will it be filed with your insurance carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number	Telephone number (include area code) (    )	
Mailing Address	City	State	Zip Code
Name of insurance carrier	Amount of Deductible \$		
Are you the registered owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Make: _____ Model: _____ Year: _____			

**Section 4: FOR STATE AGENCY USE ONLY** (must be completed by the State agency presenting claim)

Name of State agency	Budget Act Appropriation or Item Number and the appropriate Schedule if applicable.		
	Name of fund or account		
Name of agency budget officer or representative	Title	CALNET Number	
Signature of agency budget officer or representative	Date		

**Section 5: Representative Information** (must be completed if claim is being filed by an attorney or authorized representative)

Name of Attorney/Representative	Telephone Number (include area code) (    )		
Mailing Address	City	State	Zip

**Section 6: Notice and Signature**

Section 72 of the Penal Code provides that “every person who, with intent to defraud, presents for allowance or for payment to any State Board or Officer, or to any county, town, city, district, ward, or village, board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.”

Signature of Claimant	Date
Signature of Attorney/Representative	Date